

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | SERIAL NO. 09-582871 | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------------------|-------------|------|------|
| | | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | IND. | DEP. |
| 1 | / | | | | | | 51 | | | | |
| 2 | / | | | | | | 52 | | | | |
| 3 | / | | | | | | 53 | | | | |
| 4 | 3 | | | | | | 54 | | | | |
| 5 | / | | | | | | 55 | | | | |
| 6 | / | | | | | | 56 | | | | |
| 7 | / | | | | | | 57 | | | | |
| 8 | / | | | | | | 58 | | | | |
| 9 | / | | | | | | 59 | | | | |
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| 14 | / | | | | | | 64 | | | | |
| 15 | / | | | | | | 65 | | | | |
| 16 | / | | | | | | 66 | | | | |
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| 18 | / | | | | | | 68 | | | | |
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| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | / | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | 19 | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | 20 | | | | | | TOTAL CLAIMS | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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